



General

Guideline Title

(1) Prevention of constipation in the older adult population. (2) Prevention of constipation in the older adult population 2011 supplement.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Prevention of constipation in the older adult population 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011. 24 p. [43 references]

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 56 p. [69 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC) and the Registered Nurses' Association of Ontario (RNAO): A review of the most recent literature since the publication of the last revision (2005) of the original guideline does not support changes to the original recommendations, but rather suggests stronger evidence for our approach to preventing constipation in the older adult population. The revision panel members have also updated some appendices and added one new appendix.

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Assess constipation by obtaining a client history.

(Level of Evidence = IV)

Recommendation 2

Obtain information regarding:

- Usual amount and type of daily fluid intake with particular attention to the amount of caffeine and alcohol
- Usual dietary fibre and amount of food ingested
- Any relevant medical or surgical history which may be related to constipation such as neurologic disorders, diabetes, hypothyroidism, chronic renal failure, hemorrhoids, fissures, diverticular disease, irritable bowel syndrome, previous bowel surgery, depression, dementia, or acute confusion

(Level of Evidence = IV)

Recommendation 3

Review the client's medications to identify those associated with an increased risk for developing constipation, including chronic laxative use and history of laxative use.

(Level of Evidence = III)

Recommendation 3.1

Screen for risks of polypharmacy, including duplication of both prescription and over-the-counter drugs and their adverse effects.

(Level of Evidence = III)

Recommendation 4

Identify the client's functional abilities related to mobility, eating and drinking, and cognitive status related to abilities to communicate needs and follow simple instructions.

(Level of Evidence = III)

Recommendation 5

Conduct a physical assessment of the abdomen and rectum. Assess for abdominal muscle strength, bowel sounds, abdominal mass, constipation/fecal impaction, hemorrhoids, and intact anal reflex.

(Level of Evidence = IV)

Recommendation 6

Prior to initiating the constipation protocol, identify bowel pattern (frequency and character of stool, usual time of bowel movement), episodes of constipation and/or fecal incontinence/soiling, usual fluid and food intake (type of fluids and amounts), and toileting method through use of a 7-day bowel record/diary.

(Level of Evidence = IV)

Recommendation 7

Fluid intake should be between 1500 and 2000 milliliters (ml) per day. Encourage client to take sips of fluid throughout the day and whenever possible minimize caffeinated and alcoholic beverages.

(Level of Evidence = III)

Recommendation 8

Dietary fibre intake should be from 21 to 25 grams of dietary fibre per day. Dietary intake of fibre should be gradually increased once the client has a consistent fluid intake of 1500 ml per 24 hours.

(Level of Evidence = III)

Recommendation 9

Promote regular consistent toileting each day based on the client's triggering meal. Safeguard the client's visual and auditory privacy when toileting.

(Level of Evidence = III)

Recommendation 9.1

A squat position should be used to facilitate the defecation process. For clients who are unable to use the toilet (e.g., bed-bound) simulate the squat position by placing the client in left-side lying position while bending the knees and moving the legs toward the abdomen.

(Level of Evidence = III)

Recommendation 10

Physical activity should be tailored to the individual's physical abilities, health condition, personal preference, and feasibility to ensure adherence. Frequency, intensity, and duration of exercise should be based on client's tolerance.

(Level of Evidence = IV)

Recommendation 10.1

Walking is recommended for individuals who are fully mobile or who have limited mobility (15 to 20 minutes once or twice a day or 30 to 60 minutes daily or 3 to 5 times per week). Ambulating at least 50 feet twice a day is recommended for individuals with limited mobility.

(Level of Evidence = IV)

Recommendation 10.2

For persons unable to walk or who are restricted to bed, exercises such as pelvic tilt, low trunk rotation, and single leg lifts are recommended.

(Level of Evidence = IV)

Recommendation 11

Evaluate client response and the need for ongoing interventions, through the use of a bowel record that shows frequency, character, and amount of bowel movement pattern, episodes of constipation/fecal soiling, and use of laxative interventions (oral and rectal). Evaluate client satisfaction with bowel patterns, and client perception of goal achievement related to bowel patterns.

(Level of Evidence = IV)

Education Recommendations

Recommendation 12

Comprehensive education programs aimed at early identification of individuals at risk for constipation, reducing and managing constipation, and promoting bowel health should be organized and delivered by a nurse with an interest in or advanced preparation in continence promotion (e.g., Nurse Continence Advisor, Clinical Nurse Specialist, Nurse Clinician). These programs should be aimed at all levels of healthcare providers, clients, and family/caregivers. To evaluate the effectiveness of the constipation program, built in evaluation mechanisms such as quality assurance and audits should be included in the planning process.

(Level of Evidence = IV)

Organization and Policy Recommendations

Recommendation 13

Organizations are encouraged to establish an interprofessional team approach to prevent and manage constipation.

(Level of Evidence = IV)

Recommendation 14

Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must take into account local circumstances and should be disseminated through an active educational and training program. In this regard, RNAO (through a panel of nurses, researchers, and administrators) has developed the *Toolkit: Implementation of Clinical Practice Guidelines*, based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of the RNAO Nursing Best Practice Guideline *Prevention of Constipation in the Older Adult Population*.

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Adapted from "Annex B: Key to evidence statements and grades of recommendations," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in *SIGN 50: A Guideline Developer's Handbook*. Available from <http://www.sign.ac.uk/guidelines/fulltext/50/annexoldb.html>

Clinical Algorithm(s)

An algorithm titled "Prevention of Constipation" is provided in Appendix B of the original guideline document.

Scope

Disease/Condition(s)

Constipation

Guideline Category

Evaluation

Prevention

Risk Assessment

Clinical Specialty

Family Practice

Geriatrics

Internal Medicine

Nursing

Preventive Medicine

Intended Users

Advanced Practice Nurses

Nurses

Guideline Objective(s)

- To update the March 2005 Nursing Best Practice Guideline *Prevention of Constipation in the Older Adult Population*
- To provide evidence-based nursing best practice guidelines for the reduction of frequency and severity of constipation among older adults through the use of adequate hydration and dietary fibre, regular consistent toileting and physical activity

Target Population

Older adults from all areas of clinical practice, including acute care, community care and long-term care

Note: These guidelines do not apply to those clients with medical conditions for whom a restricted fluid intake is prescribed, nor for those who receive enteral feedings, nor for those who are palliative or receiving narcotic analgesics.

Interventions and Practices Considered

1. Assessment of constipation through client history
 - Bowel history
 - Daily fluid intake, including intake of caffeine and alcohol
 - Dietary fibre and amount of food ingested
2. Review of client's medication, including laxative use
3. Screening for risks of polypharmacy and duplication of drugs
4. Evaluation of cognitive and functional ability
 - Mobility
 - Ability to communicate needs
5. Physical assessment of abdomen and rectum
6. Identify bowel pattern through the use of a 7-day bowel record/diary
7. Dietary considerations, including fluid and fibre intake
8. Toileting consistency and squat positioning
9. Physical activity (walking)
10. Evaluation of client response and ongoing interventions through bowel record
11. Comprehensive education programs
 - Early identification of individuals at risk
 - Reducing and managing constipation
 - Promoting bowel health
12. Interprofessional team approach

Major Outcomes Considered

- Frequency and severity of constipation among older adults
- Effectiveness of interventions (such as nutrition, hydration, and physical activity) in preventing constipation
- Laxative use
- Quality of life

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

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A database search for existing evidence related to prevention of constipation was conducted by a university health sciences library. An initial search of the Medline, EMBASE, and Cumulative Index to Nursing and Allied Health (CINAHL) databases for guidelines and studies published from 2001 to 2004 was conducted in August 2004. This search was structured to answer the following clinical questions:

- What are the contributing factors or predictors of constipation in the elderly population?
- How effective are the following in the prevention of constipation:
 - Dietary fibre/nutrition
 - Fluid intake/hydration
 - Physical activity/exercise/walking
- What are successful strategies when implementing educational program for promoting bowel health?
- Does regular consistent toileting each day based on client's triggering meal prevent constipation?
- What supports are needed to allow for successful implementation of bowel and training program?
- How can nurses and other health care providers be educated about constipation prevention and management?
- What should the education program entail?

Detailed search strings developed to address these questions are available on the Registered Nurses Association of Ontario (RNAO) website at www.mao.org/bestpractices .

One individual searched an established list of Web sites for content related to the topic area in July 2004. This list of sites, reviewed and updated in May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house a guideline but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/e-mail.

A Web site search for existing practice guidelines on prevention of constipation was conducted via the search engine "Google," using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

The search strategy described above resulted in the retrieval of 409 abstracts on the topic of constipation. These abstracts were then screened by a Research Assistant related to inclusion/exclusion criteria. A total of 35 abstracts were identified for article retrieval and quality appraisal. The quality appraisal was conducted by a Masters prepared nurse with expertise in critical appraisal. The tool used to conduct this work was one developed by the Effective Public Health Practice Project (EPHPP) for appraising quantitative studies. In addition, three recently published clinical practice guidelines were identified for review.

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Review of Existing Guidelines

One individual searched an established list of websites for guidelines and other relevant content. The Web site list was compiled based on existing knowledge of evidence-based practice websites and recommendations from the literature.

While the search yielded many results, no original guidelines met the inclusion criteria. One supplement was identified as an update of a guideline that was included in the original guideline.

Literature Review

Concurrent to the guideline review, a search for recent literature relevant to the scope of the guideline was conducted. The search of electronic databases (CINAHL, Medline, and EMBASE) was conducted by a health sciences librarian from 2004 to 2010. A research assistant (Master's prepared nurse) completed the inclusion/exclusion review, quality appraisal and data extraction of the included articles, and prepared a summary of the literature findings.

Number of Source Documents

March 2005 Guideline

Not stated

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123 articles and 1 guideline met the inclusion criteria

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Adapted from "Annex B: Key to evidence statements and grades of recommendations," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in *SIGN 50: A Guideline Developer's Handbook*. Available from <http://www.sign.ac.uk/guidelines/fulltext/50/annexoldb.html>

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

A research assistant (Master's prepared nurse) completed the inclusion/exclusion review, quality appraisal and data extraction of the included articles, and prepared a summary of the literature findings.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

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In September of 2004, a panel of nurses with expertise in constipation from a range of practice settings (including institutional, community and academic sectors) was convened by The Registered Nurses' Association of Ontario (RNAO). This group was invited to participate as a review

panel to revise the *Prevention of Constipation in the Older Adult Population* guideline that was originally published in January 2002. This panel was comprised of members of the original development panel, as well as other recommended specialists. The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

Through a process of discussion and consensus, recommendations for revision to the guideline were identified.

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The RNAO has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a regular monitoring and revision process has been established for each guideline.

A panel of nurses was assembled for this review, comprised of members from the original development panel as well as other recommended individuals with particular expertise in this practice area. The revision panel members were given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.

A structured evidence review based on the scope of the original guideline was conducted to capture the relevant literature and other guidelines published since the last update published in 2005. The results of the evidence review were circulated to members of the review panel. The comprehensive data tables and reference lists were provided to all review panel members. In June 2011, the review panel was convened to reach consensus on the need to revise the existing recommendations in light of the new literature.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

The guideline developers reviewed published cost analyses.

Method of Guideline Validation

Not stated

Description of Method of Guideline Validation

Not applicable

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate prevention of constipation in the older adult population

Potential Harms

- Although increasing dietary fibre may improve stool size and consistency, immobile persons may have difficulty expelling stool.
- These guidelines should be implemented cautiously with clients who drink less than 1.5 litres of fluid a day, or for those with a neurogenic bowel disorder (lower motor neuron disease).

Contraindications

Contraindications

A high fibre diet is contraindicated in immobile persons (bedridden) or persons who do not consume at least 1.5 L of fluids/day.

Qualifying Statements

Qualifying Statements

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability or discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- Nurses, other health-care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guideline. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.
- Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

Implementation of the Guideline

Description of Implementation Strategy

Toolkit: Implementing Clinical Practice Guidelines

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational, and administrative support as well as the appropriate facilitation. Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators has developed the *Toolkit: Implementation of Clinical Practice Guidelines* (2012) based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The *Toolkit* provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline

implementation. Specifically, the *Toolkit* addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are encouraged to consider how the implementation and its impact will be monitored and evaluated. A table found in the original guideline document, based on a framework outlined in the RNAO *Toolkit: Implementation of Clinical Practice Guidelines* (2012), illustrates some indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline revision panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies follows:

- Have at least one dedicated person such as a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.
- Conduct an organizational needs assessment related to prevention of constipation to identify current knowledge base and further educational requirements.
- Initial needs assessment may include an analysis approach, survey and questionnaire, group format approaches (e.g., focus groups), and critical incidents.
- Establish a steering committee comprised of key stakeholders and interdisciplinary members committed to lead the change initiative. Identify short-term and long-term goals. Keep a work plan to track activities, responsibilities and timelines.
- Create a vision to help direct the change effort and develop strategies for achieving and sustaining the vision.
- Program design should include:
 - Target population
 - Goals and objectives
 - Outcome measures
 - Required resources (human resources, facilities, equipment)
 - Evaluation activities
- Provide educational sessions and ongoing support for implementation, a core education session ranging from 2.0 to 3.5 hours in length which reviews the problem of constipation and how to prevent it. The education session should draw on the recommendation contained in this guideline. The education sessions may consist of presentations, facilitator's guide, handouts, and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem solving, address issues of immediate concern and offer opportunities to practice new skills.
- Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring replacement staff so participants will not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools.
- Implement this guideline with one or two clients at a time.
- Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and achievements, acknowledging work well done.
- Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will, over time, build the knowledge and confidence of nurses in implementing this guideline.
- Teamwork, collaborative assessment and treatment planning with the client and family and through interdisciplinary work are beneficial. It is essential to be cognizant of and to tap the resources that are available in the community. An example would be linking and developing partnerships with regional geriatric programs for referral process.
- The RNAO's Advanced/Clinical Practice Fellowship (ACPF) Project is another resource where registered nurses in Ontario may apply for a fellowship and have an opportunity to work with a mentor who has clinical expertise in prevention and management of constipation. With the ACPF, the nurse fellow will also have the opportunity to learn more about new resources.

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Foreign Language Translations

Mobile Device Resources

Patient Resources

Quick Reference Guides/Physician Guides

Staff Training/Competency Material

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Prevention of constipation in the older adult population 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011. 24 p. [43 references]

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 56 p. [69 references]

Adaptation

March 2005 Guideline

The Registered Nurses Association of Ontario panel identified the following guidelines to adapt and modify for the current guideline:

- Folden, S., Backer, J. H., Maynard, F., Stevens, K., Gilbride, J. A., Pires, M., & Jones, K. (2002). Practice guidelines for the management of constipation in adults. Rehabilitation Nursing Foundation [Electronic version].
- Hinrichs, M. & Huseboe, J. (2001). Management of constipation evidence-based protocol. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults, Iowa City, IA: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.
- Menten, J. C. & The Iowa Veterans Affairs Nursing Research Consortium (2004). Evidence-based protocol: Hydration management. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults. Iowa City, IA: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

2011 Supplement

Not applicable: The guideline was not adapted from another source.

Date Released

2002 Jan (revised 2005 Mar; addendum released 2011 Nov)

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long-Term Care.

Guideline Committee

Revision Panel

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Declaration of interest and confidentiality were made by all members of the guideline revision panel. Further details are available from the Registered Nurses Association of Ontario.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in English, French and Italian from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Availability of Companion Documents

The following are available:

- Prevention of constipation in the older adult population. Summary of recommendations. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 3 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#) .
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Registered Nurses Association of Ontario – Nursing Best Practice Guidelines Program prevention of constipation in the older adult population – revised March 2005. Detailed search strings. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2004 Aug. 6 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Continence/constipation workshop for RNs in long-term care. Toronto (ON): Registered Nurses Association of Ontario (RNAO). 2007 May. 21 p. Available in PowerPoint and PDF from the [RNAO Web site](#) .
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 24 p. Electronic copies: Available in PDF and as a power point presentation from the [RNAO Web site](#) .
- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

The appendices of the [original guideline document](#) contain helpful resources including a sample bowel elimination record and the Bristol Stool Scale. The table in the "Evaluation & Monitoring of Guideline" section of the original guideline document contains indicators.

Mobile versions of RNAO guidelines are available from the [RNAO Web site](#) .

Patient Resources

The following is available:

- Constipation: prevention is the key. Health information fact sheet. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#) .

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 6, 2005. The updated information was verified by the guideline developer on June 21, 2005. This NGC summary was updated by ECRI Institute on March 20, 2014.

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Registered Nurses' Association of Ontario (2011). *Prevention of Constipation in the Older Adult Population*. (Revised). Toronto, Canada: Registered Nurses' Association of Ontario.

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